

EXHIBIT A

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: Office of Regional Counsel (02) U.S. Department of Veterans Affairs 200 Springs Road, Building 61 Bedford, Massachusetts 01730		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Ronald R. Shamon 8 Sanderson Drive Plymouth, MA 02360			Michael Perry Hanify and King 1 Beacon St. Boston, MA 02108
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. or P.M.)	
<input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	04-27-36	M	12-07-01	8:00 a.m.	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (See additional pages if necessary.)					
<p>At the Jamaica Plain, Massachusetts, VA at 8:00 a.m. on December 7, 2001, during Dr. Zhang's first attempt to perform a sigmoidoscopy on me, the scope hurt so bad that I screamed out loud, "It hurts!" He replied, "I'm sorry." He then put the scope in a second time, and after several minutes he yelled out, "I go too high! I go too high!" His nurse ran out of the room to get Dr. Pedrosa, who came into the room and yelled out, "Stop! Stop!" With the scope still inside of me, Dr. Pedrosa said to me and to Dr. Zhang that he was taking over, explained to Dr. Zhang that the lens had feces on it and</p> <p>See attached continuation.</p>					
PROPERTY DAMAGE					
9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) N/A					
PERSONAL INJURY/WRONGFUL DEATH					
10. STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. (If OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEASED.) See attached continuation.					
WITNESSES					
11. NAME	ADDRESS (Number, street, city, State, and Zip Code)				
Patricia Shamon	8 Sanderson Drive, Plymouth, MA 02360				
12. (See instructions on reverse.) AMOUNT OF CLAIM (\$ in dollars)					
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$500,000.00	12c. WRONGFUL DEATH —	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$500,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Ronald R. Shamon</i>			13b. Phone number of signatory 508-833-9359	14. DATE OF CLAIM 12/04/03	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

RONALD R. SHAMON
CLAIM FOR DAMAGE CONTINUATION PAGES

Item 8 continued.

had to be removed to be cleaned before proceeding. Dr. Pedrosa cleaned the lens and reinserted the scope. While removing the scope, he explained to Dr. Zhang the procedure for removing feces from the sides of the colon by using the scope. As a result of this procedure there was a perforation of my intestine.

Within days of my sigmoidoscopy, because of pain from my anus, I was examined on 12/11/01 at Brockton VA by Dr. Tamler, who, despite my claim of pain, said that I have a rash on my anus. On 12/12/01 pain was more intense with high temperature. I was examined by Dr. Dickenson at Brockton VA, who ordered a blood workup and an ultrasound. They indicated two abscesses formed in my anus and an elevated white blood count. A catheter was inserted and I was transported to West Roxbury VA.

On 12/12/01 at West Roxbury VA I was operated on by Dr. Fitzpatrick and Dr. Moore. Dr. Fitzpatrick told me that my intestines were perforated, causing an infection for the past five to six days. He also stated that there is a third abscess up higher feeding down into the other two.

On 12/15/01 Dr. Fitzpatrick and Dr. Duke operated to expand the incisions. I was released on 12/21/01 with a catheter and on antibiotics and two shifts of visiting nurses to dress my wounds.

12/31/01. Post-operative visit to Dr. Benoit at Jamaica Plain VA. Taken off some medication. Prescribed, Tamsulosin. On 1/5/02 fainted in shower, struck head and was rushed to Jordan Hospital, Plymouth, Mass., for overnight observation. Visiting nurse called Dr. Burch at Brockton Hospital. Dr. Burch said, "They should not have put you on Tamsulosin. It lowers your blood pressure."

1/11/02. Visiting nurse noticed an infection on my wounds. Sent to Brockton VA, Dr. Aslanian, who noticed an infection on left side of wound, cleaned wound, and ordered antibiotics for me.

1/15/02. Dr. Duke at West Roxbury VA made an incision and packed the wound. On 1/29/02 Dr. Fitzpatrick examined me, said the wounds were healed, and took me off antibiotics.

2/5/02. I noticed a yellow discharge from my anus and contacted Dr. Fitzpatrick, who said to see him on February 12. On 2/12/02 Dr. Fitzpatrick was not in. I was examined by his assistant, Dr. Navarro, who noticed a pus pocket on the edge of my sphincter and yellow discharge. He squeezed out the pus. He asked for consult from a senior staff member, Dr. Gordon, who examined my anus. I asked both Doctors Navarro and Gordon if a pus pocket and yellow discharge weren't indicative of an infection, if I should be on antibiotics, and if I would need more surgery. Dr. Gordon stated, "No more operations or antibiotics are necessary." He then prescribed one to two weeks of daily fleet enemas, saying that would take care of my problem. I

R. R. Shamon claim Item 8 continued

met Dr. Fitzpatrick in the lobby, where I brought him up to date with my meeting with Dr. Navarro and Dr. Gordon and about the fleet enemas.

On 2/15/02 I was still in pain with yellow discharge and blood/pus from my anus. I called Dr. Fitzpatrick, who said to see him on February 19. On February 19 Dr. Fitzpatrick said, "Why did Dr. Gordon order fleet enemas? You're not an old woman." He didn't know why my sphincter muscle wasn't closing and said to exercise the sphincter muscle.

On February 24, 2002, I called Dr. Fitzpatrick and told him that I wanted a second opinion. He asked me to work with him a few more weeks and the problem would abate. I insisted on the second opinion. He gave me the name of Dr. Cima, whom I first saw on February 27. He kept me overnight and operated on me on February 28.

Dr. Cima found three abscesses up higher on my colon, inserted a Seton drain, inserted 18" Mallincrodt tube, found a 3 cm ulcer on the post rectal wall adjacent to the sphincter. The existing wounds were also reinfected and had to be reopened and drained.

On 3/1/02 during my recovery Dr. Fitzpatrick came to my room and said, "I'm sorry. I'm sorry. I should have looked up higher, should have seen it. You're in good hands with Dr. Cima."

As a result of all my treatment at the VA I've suffered a great deal of pain, medical procedures, and damages.

EXHIBIT B



Hanify&King

MICHAEL R. PERRY

617-226-3464

mrp@hanify.com

May 17, 2004

BY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Rita S. Mandosa, Esq.
 Department of Veterans Affairs
 Office of Regional Counsel
 200 Springs Road, Bldg. 61
 Bedford, MA 01730

Re: Ronald Shamon v. U.S. Dep't of Veterans Affairs

Dear Ms. Mandosa:

By this letter, Ronald Shamon amends his claim filed on Standard Form 95 with the Department of Veterans' Affairs, Office of Regional Counsel on December 5, 2002. For ease of reference, a copy of Mr. Shamon's filing is included herewith.

In addition to the claims asserted in Mr. Shamon's December 5, 2002, filing, Patricia Shamon, the wife of claimant Ronald Shamon, hereby submits a claim for loss of consortium. As a direct result of the negligence of the doctors and medical staff of the Department of Veterans' Affairs, Patricia Shamon has lost the love, companionship, care, counsel and affection of plaintiff, Ronald Shamon. In addition, Ronald and Patricia Shamon amend the amount of their claims to \$1,000,000 resulting from the injuries they have suffered.

If there any questions concerning this amendment, please contact me.

Sincerely,

Michael R. Perry

MRP/mld
 Enclosure
 395206

Professional Corporation
 Counselors at Law

One Beacon Street
 Boston, Massachusetts 02108-3107
 Tel: 617-423-0400
 Fax: 617-423-0498
www.hanify.com

RS0248

EXHIBIT D

MEDICAL RECORD

11/29/2001 14:26 ** CONTINUED FROM PREVIOUS PAGE **

Past Medical, Social, Family History: See previous notes.

Review of Systems: As above. No changes in bowel or bladder habits.

Physical Examination: Alert, comfortable. Neck supple. Blood pressure was 120/74, weight 207 pounds, pulse 79. Neck: No spinal tenderness palpated. There is paraspinal tenderness at the left neck. There is decreased range of motion to head extension and to tilting the head forward - no associated neurovascular compromise in the upper extremities. Rectal inspection shows no external hemorrhoids; internal inspection ? some palpable internal hemorrhoids and difficulty palpating the prostate secondary to patient's size.

Assessment and Plan:

1. Hemorrhoids, most likely secondary to constipation. Will give him a regimen of stool softener of Psyllium Powder and hemorrhoidal suppository as needed. He has a gastrointestinal screening exam coming up.
2. Neck discomfort. This is most likely classic whiplash injury. Will get an x-ray of the neck to rule out any hairline fractures. Will give him a regimen of Naprosyn and Flexeril as needed for discomfort. He will see me back in six months' time.

DD: 11/29/01 PSI/mlb #19016

Signed by: /es/ SIMONA RETTER-BURCH MD
staff physician 12/04/2001 09:20

NOTE DATED: 12/07/2001 08:33 FLEXIBLE SIGMOIDOSCOPY/ANOSCOPY/NURSING
VISIT: 12/07/2001 11:30 ZZZB0 GI ENDOSCOPY PROCEDURE

Procedure scheduled:

Flexible sigmoidoscopy

Mental status: A+0 x3

Allergies: NKA

Pre-procedure vital signs:

73 HR

143 / 75 BP

95 % O2sat on room air.

Procedure reviewed with patient regarding: prep, procedure for flexible
** THIS NOTE CONTINUED ON NEXT PAGE **

SHAMON, RONALD ROBERT

021-26-8139 DOB:04/27/1936

BOSTON HCS

Pt Loc: OUTPATIENT

Printed:11/18/2003 15:34

Vice SF 509

RS0023

12/07/2001 08:33 ** CONTINUED FROM PREVIOUS PAGE **

sigmoidoscopy, and patient expectations. Patient verbalized understanding of procedure; consent signed and witnessed.

Scope checked for proper functioning of air, water, suction, and white balance.

VS Return to baseline.

Mental status: unchanged

Written instructions were given to patient regarding post-procedure expectations. These instructions were reviewed with patient, and patient verbalized understanding. Follow-up instructions also reviewed with patient.

Signed by: /es/ DOLORES A KIRBY RN
RN 12/07/2001 08:34

NOTE DATED: 12/11/2001 13:37 URGENT CARE/10-10M/AMB CARE

VISIT: 12/11/2001 13:17 BR URGENT CARE (W/I)

PATIENT NAME: SHAMON, RONALD ROBERT

PATIENT CAN BE REACHED AT PHONE NUMBER: 508-833-9359

ON ARRIVAL PATIENT WAS: [X]Ambulatory []Stretcher []Wheelchair
CHIEF COMPLAINT: This is a MALE age 65 who presents with s/p flexsig at west roxbury on 12/8/01. see note.c/o severe rectal pain and difficulty urinating.states had c/f prior to procedure.

ALLERGIES: Allergies Unknown

CURRENT MEDICATIONS: Active Outpatient Medications (including Supplies):

AMOXICILLIN 500MG CAP TAKE 1 CAPSULE(S) BY MOUTH THREE TIMES A DAY	ACTIVE
CYCLOBENZAPRINE HCL 10MG TAB TAKE 1 TABLET(S) BY MOUTH THREE TIMES A DAY AS NEEDED	ACTIVE
DOCUSATE NA 100MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE A DAY	ACTIVE
HEMORRHOIDAL RTL SUPP UNWRAP AND INSERT ONE SUPPOSITORY RECTALLY EVERY DAY AS NEEDED	ACTIVE
IBUPROFEN 600MG TAB TAKE ONE TABLET FOUR TIMES A DAY	ACTIVE
PSYLLIUM ORAL PWD MIX ONE TABLESPOONFUL IN 8 OZ WATER/JUICE AND TAKE BY MOUTH TWICE A DAY	ACTIVE
TRAZODONE HCL 50MG TAB TAKE 1 TABLET(S) BY MOUTH AT BEDTIME	ACTIVE

THIS VISIT DUE TO INJURY: []Yes [x]No

PAST PROBLEMS RELATED TO THIS VISIT: yes

** THIS NOTE CONTINUED ON NEXT PAGE **

SHAMON, RONALD ROBERT
021-26-8139 DOB:04/27/1936

BOSTON HCS
Pt Loc: OUTPATIENT

Printed:11/18/2003 15:34
Vice SF 509

EXHIBIT E



WHAT IS FLEXIBLE SIGMOIDOSCOPY?

Flexible sigmoidoscopy is a procedure that enables your physician to examine the lining of the rectum and colon (large bowel) by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and lower part of the colon. ■

WHAT PREPARATION IS REQUIRED?

The rectum and lower colon must be completely empty of waste material for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the cleaning routine to be used. In general, preparation consists of one or two enemas prior to the procedure but may include laxatives or dietary modifications. In some circumstances, for example, if you have acute diarrhea or colitis, your physician may advise you to forego any special preparation before the examination. ■

WHAT ABOUT MY CURRENT MEDICATIONS?

Most medications can be continued as usual; however, drugs such as aspirin or anti-coagulants (blood thinners) are examples of medications whose use should be discussed with your physician prior to the examination. It is also essential that you alert your doctor if you require antibiotics prior to undergoing dental procedures, since you may need antibiotics prior to sigmoidoscopy as well. ■

WHAT CAN BE EXPECTED DURING FLEXIBLE SIGMOIDOSCOPY?

Flexible sigmoidoscopy is usually well-tolerated and rarely causes much pain. There is often a feeling of pressure, bloating or cramping at various times during the procedure. You will be lying on your side while the sigmoidoscope is advanced through the rectum and colon. As the instrument is withdrawn, the lining of the intestine is carefully examined. The procedure usually takes anywhere from 5 to 15 minutes. ■

WHAT IF THE FLEXIBLE SIGMOIDOSCOPY SHOWS SOMETHING ABNORMAL?

If the doctor sees an area that needs evaluation in greater detail, a biopsy (sample of the colon lining) may be obtained and submitted to a laboratory for analysis. If polyps are found, they can be biopsied, but usually are not removed at the time of the sigmoidoscopy.

Certain small polyps ("hyperplastic" by biopsy analysis) may not require removal. Your doctor will likely request that you have a colonoscopy (a complete examination of the colon) to remove any large polyp that is found, or any small polyp that is "adenomatous" after biopsy analysis. Colonoscopy can also check the remainder of your colon for the presence of other polyps. ■

WHAT HAPPENS AFTER SIGMOIDOSCOPY?

After sigmoidoscopy, the physician will explain the results to you. You may have some mild cramping or bloating sensation because of the air that has been passed into the colon during the examination. This will disappear quickly with the passage of gas. You should be able to eat and resume your normal activities after leaving your doctor's office or the hospital. ■

WHAT ARE THE POSSIBLE COMPLICATIONS OF FLEXIBLE SIGMOIDOSCOPY?

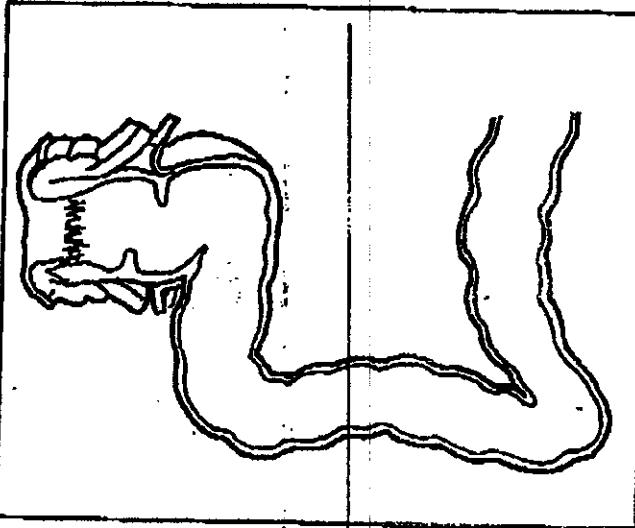
Flexible sigmoidoscopy and biopsy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. Possible complications include a perforation (tear through the bowel wall) and bleeding from the site of a biopsy.

Although complications after flexible sigmoidoscopy are rare, it is important for you to recognize early signs of any possible complication. Contact your physician if you notice any of the following symptoms: severe abdominal pain, fevers and chills, or rectal bleeding of more than one-half cup. It is important to note that rectal bleeding can occur even several days after a biopsy. ■

TO THE PATIENT

Because patient education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for flexible sigmoidoscopy, alternative tests, the cost of the procedure, methods of billing or insurance coverage, do not hesitate to speak to your doctor or doctor's office staff about it. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins. ■

ADDITIONAL INSTRUCTIONS



FLEXIBLE SIGMOIDOSCOPY



Your physician has determined that flexible sigmoidoscopy is necessary for further evaluation or treatment of your condition.

This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently.

Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

American Society for Gastrointestinal Endoscopy
100 New Street, Maccusett, MA 01544
Telephone (508) 736-8300

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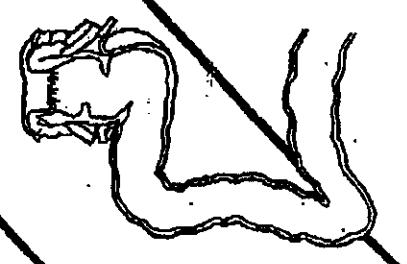


EXHIBIT F

COPY

PAGES 1 - 48

EXHS. 1 - 2

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

* * * * *

Ronald Shamon and *
Patricia Shamon * Civil Action
v. * No. 04-11674-WGY

United States of America *

* * * * *

Deposition of Dolores A. Kirby, R.N.

Monday, March 14, 2005

Hanify & King, P.C.

One Beacon Street - 21st Floor

Boston, Massachusetts 02108

----- J. EDWARD VARALLO, RMR, CRR -----

COURT REPORTER

FARMER ARSENAULT BROCK LLC, BOSTON, MASS.

617.728.4404

Dolores A. Kirby, R.N.

15

1 Q. Do you have a specific recollection --
2 well, strike that. Do you have any recollection of
3 the procedure that was performed on Mr. Shamon on
4 December 7, 2001?

5 A. No, I don't.

6 Q. Do you have any recollection whatsoever of
7 the procedure?

8 A. No. I mean, I've done so many of them,
9 no. And I don't even recognize him as I'm looking
10 at him. I.... No.

11 Q. Let me ask you, other than speaking to
12 Attorney Wilmot, what if anything did you do in
13 preparation for the deposition today?

14 A. I just looked at the note that I had
15 written, that's about it.

16 Q. And having looked at the note that you
17 wrote on December 7, does that refresh your
18 recollection at all about the case?

19 A. No. I was hoping it would but, no, it
20 didn't.

21 Q. Have you had any discussions with
22 Dr. Pedrosa about this case?

23 A. No.

24 Q. Have you had any discussions with

Dolores A. Kirby, R.N.

16

1 Dr. Zhang about the case?

2 A. No. Actually, I haven't seen Dr. Zhang
3 since that time.

4 Q. Understanding that you don't have a memory
5 or recollection of the procedure itself, do you
6 recall discussing Mr. Shamon's case at any point in
7 time even after the procedure?

8 A. No, I don't.

9 Q. Do you recall providing any care or
10 treatment to Mr. Shamon following the procedure?

11 A. No.

12 Q. Let me see if I can jog your memory in any
13 way. Well, let me ask you this: Have you reviewed
14 any accounts of the procedure that were prepared by
15 Mr. Shamon?

16 A. I mean, I looked in the record and looked
17 under the doctor's notes and, you know, the
18 incidents, all the notes that revolved around the
19 situation, you know, but that didn't make it any....
20 I couldn't remember exactly which patient it was,
21 you know, and which particular procedure it was,
22 so....

23 Q. Let me just represent to you that
24 Mr. Shamon recalls that Dr. Zhang in fact was

Dolores A. Kirby, R.N.

20

1 A. They're entered into the computer
2 initially.

3 Q. So on the day, December 7, 2001, after the
4 sigmoidoscopy procedure you sat down at a typewriter
5 and typed in this note?

6 A. Yes.

7 Q. The note refers to a procedure -- I'll
8 start from the beginning. At the bottom of the
9 first page it says "Procedure reviewed with patient
10 regarding prep, procedure for flexible
11 sigmoidoscopy, and patient expectations. Patient
12 verbalized understanding of procedure. Consent
13 signed and witnessed." Do you see that?

14 A. Mm-hmm.

15 Q. Is that a yes? You have to answer yes or
16 no; you can't say mm-hmm.

17 A. Yes, I do.

18 Q. Were you the one back in December of 2001
19 who obtained Mr. Shamon's consent for the procedure?

20 A. No.

21 Q. Who would have done that?

22 A. The physician, the attending physician.

23 Q. The attending physician?

24 A. Or the fellow. I think the fellows can

Dolores A. Kirby, R.N.

26

1 BY MR. PERRY:

2 Q. Would you take a look at what's been
3 marked as Exhibit 2, please. When you're done
4 reviewing that, just let me know if you recognize
5 it.

6 A. (Pause) Okay.

7 Q. Have you looked at all three pages?

8 A. Oh. (Pause) Okay.

9 Q. Can you tell me what that document is?

10 A. This is the consent form for the procedure
11 and these are instructions that we give the patient.
12 Usually they're mailed to the patient or handed to
13 them prior to the day of the procedure.

14 Q. So page 1 is the consent form?

15 A. Right.

16 Q. And pages 2 and 3 are informational
17 documents that are provided to the patient either
18 before they come in, mailed to them before they come
19 in or given to them on the day of the procedure. Is
20 that correct?

21 A. Yes. Actually, generally before they come
22 in usually.

23 Q. So typically pages 2 and 3 are sent to the
24 patient before they even --

EXHIBIT G

03/10/05 11:32 FAX 617 748 3969

002

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA
AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

I. OPERATION OR PROCEDURE

FLEXIBLE SIGMOIDOSCOPY WITH POSSIBLE BIOPSY AND/OR POLYPECTOMY

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the outcome of the operation or procedure. I understand the nature of the operation or procedure to be the insertion of a flexible sigmoidoscope into the rectum, then advancing it to examine a portion of the colon (approximately 12 inches of the rectum) with a light into the rectum, then advancing it to examine a portion of the colon (approximately 12 inches of the rectum). Biopsies (small pieces of tissue) may be taken for microscopic examination. Potential complications include perforation (a hole in the colon), bleeding requiring transfusion, infection, drug reaction, the need for surgery, or death, which is to be performed by or under the direction of Dr. _____.

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as may be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professionals of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: _____ none (if "none", or none)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel going training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- The name of the patient and his/her family is not used to identify said pictures.
- Said pictures be used only for purposes of medical/dental study or research.

(Cross out any sentence which are inappropriate)

(Signature area in Part A and B and be completed before signing)

C. SIGNATURES

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating teams)

(Signature of Patient)

(Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating teams)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

PATIENT'S IDENTIFICATION (First and middle names, date, birth, address, grade, date, height or medical record)

REGISTER NO.

WARD NO.

STANDARD FORM 662 (Rev. 10-70)
General Service Administration &
Emergency Center on Medical Records
FPMR 51 CFR 201.49, 505
G12-110
10000-1003-0-002-0474/151

EXHIBIT
Kirby 2
3-14-05 EV

PENGAD 800-651-6969